

City of Central Falls

580 Broad Street
 Central Falls, Rhode Island 02863
www.centralfallsri.us
 401.727.7400



APPLICATION FOR EMPLOYMENT

The City of Central Falls complies with all Federal, State and Local Laws prohibiting discrimination.

THE CITY OF CENTRAL FALLS SUBSCRIBES TO A DRUG AND ALCOHOL FREE WORKPLACE!

PLEASE PRINT

GENERAL INFORMATION				
Name (Last, First, MI)		Home Telephone		Cell Phone
Residence Address (No. Street)			E-mail address	
City		State		Zip Code
Position(s) you are applying for:				
FORMER ADDRESSES (Past 5 years, use additional pages if necessary)				
Former Address (No. Street)			City, State, Zip Code	
Former Address (No. Street)			City, State, Zip Code	
BACKGROUND INFORMATION				
Are you 18 years of age or older?		_____ Yes _____ No		
Are you eligible to work in the United States?		_____ Yes _____ No Proof of eligibility will be required at the time you start work.		
Are you licensed to operate a motor vehicle?		_____ Yes _____ No State issued & License #:		
Has your motor vehicle license ever been suspended?		_____ Yes _____ No If Yes, explain (use additional pages if necessary).		
EDUCATIONAL BACKGROUND				
Circle highest education level completed:	Grade School 4 5 6 7 8	High School 9 10 11 12	College/Tech 1 2 3 4 5	Grad School 1 2 3 4 5
High School Attended:		City:		State:
Degree: Yes No GED				
College Attended:		City:		State:
Degree: Yes No		Associates Bachelors Masters PhD		
Course of Study:				
College Attended:		City:		State:
Degree: Yes No		Associates Bachelors Masters PhD		
Course of Study:				
MILITARY SERVICE				
Have you ever served in the military?		_____ Yes _____ No		Which branch:
Number of years served?		Type of discharge?		
Please attach a copy of your form DD-214 (Discharge papers):				
SKILLS & QUALIFICATIONS				
Do you speak a foreign language?		_____ Yes _____ No		If Yes, explain.
Do you possess any specialty licenses?		_____ Yes _____ No		If Yes, explain.
Do you possess any specialty certifications?		_____ Yes _____ No		If Yes, explain.
Are you computer literate?		_____ Yes _____ No		
Computer Programs (List):				
PREVIOUS EMPLOYMENT (List all employers for past 5 years, use additional pages if necessary)				
Company:			Telephone:	
Address:			Supervisor:	
Job Title		Salary	Dates of Employment: to	

Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	to
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	to
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			
Company:		Telephone:	
Address:		Supervisor:	
Job Title	Salary	Dates of Employment:	to
Responsibilities		Reason for Leaving:	
May we contact your supervisor? Yes ___ No ___			

REFERENCES

Name:	Relationship:	Telephone No.:
Name:	Relationship:	Telephone No.:
Name:	Relationship:	Telephone No.:

JOB REQUIREMENTS (Essential Job Functions)

The following are considered to be *essential job functions* for all employees for the City of Central Falls:

1. Employees are required to work their assigned shift(s) or schedule(s).
2. Employees may be required to work in close proximity to motor vehicles, railroad tracks, and other heavy and industrial equipment.
3. Employees may be required to work with computers, hand tools or power tools, and around such tools and equipment.
4. Employees may be required to perform additional job functions in accordance with the specific position for which they are applying.

ACKNOWLEDGEMENT OF BEING ABLE TO PERFORM ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT REASONABLE ACCOMODATION

I acknowledge that the City of Central Falls has informed me of the essential job functions of the position(s) for which I am applying, and I further acknowledge that I am able to perform the essential functions of said position(s) with or without reasonable accommodation. I further acknowledge that I have no medical condition that would prevent me from performing the essential functions of said position(s) with or without reasonable accommodation.

Dated: _____ *Signature:* _____

EMPLOYMENT AT WILL

I understand and agree that if offered employment by the City of Central Falls, my employment will be as an "employee-at-will" and that I may be discharged by the City of Central Falls at any time with or without cause. I also understand and agree that if my employment falls under a collective bargaining agreement, this "at-will" employment relationship may change, and I would be afforded all job protection rights as described in the collective bargaining agreement with the City of Central Falls.

Dated: _____ *Signature:* _____

APPLICANT STATEMENT

I certify that the above responses given by me are true and accurate to the best of my knowledge, if any section of this application does not apply to me, I have signified by placing an N/A in that section. I understand that any false statements, evasions, omissions, deception or reservations in answering any questions on this application shall be cause for rejection, and if discovered after appointment is just cause for dismissal. I understand that the City of Central Falls has relied upon the above responses given by me in considering my application, and that in the event I have provided willfully false responses in this application I will be subject to dismissal.

Dated: _____ *Signature:* _____